U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215 0188 Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 3244	2 Fiscal Year Covered From
	1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing	4 Name file number and address of labor organization
Name EMILIANO Z COLEMAN	Name :IRONWORKERS LOCAL 229
	Labor Organization File Number 032 833
PO Box Bldg Room No If any	P O Box Building and Room Number if any
Street 5155 MERCURY POINT	Street 5155 MERCURY POINT
City SAN DIEGO	City SAN DIEGO
State California ZIP Code + 4 92111	State California ZIP Code + 4 92111
5 Position in labor organization BUSINESS MANAGER\FINANCIAL SEC	
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)	
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income
Name	
Trade Name If any	to do dome
PO Box Bldg Room No If any	7 b Amount
Street	
City	THE SAME WHITE AND ADDRESS OF THE PROPERTY OF
State ZIP Code + 4 1	
Signature	
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)	
Signed & Timbiano 3 Colomon	on 43 30-06 4 858-571 5238
Form I M 30 (2003)	Date Telephone Number

Name of Person Filing EMILIANO COLEMAN	File Number 0
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested	
8 Name and address of Business (including trade name if any)	9 Business deals with
Name IRONWORKERS EMPLOYEE BENEFIT CORPORATION	r
Trade Name If any	ta Labor Organization X b Trust
PO Box Bldg Room No If any	c Employer
Street 131 N EL MOLINO AVE STE 330	
City PASADENA	
State California ZIP Code + 4 91101	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name IRONWORKERS EMPLOYEE TRUST FUNDS	VARIOUS EXPENSES FOR TRAVEL AND MEETINGS PERFORMED IN CAPACITY OF TRUSTEE
Trade Name If any	
P O Box Bldg Room No If any	
Street 131 N EL MOLINO AVE STE 330	11 b Approximate dollar value of such dealing \$4 371
City PASADENA	12 a Nature of interest held or income received
State California ZIP Code + 4 91101	
	12 b Amount
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employe: any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment
Name	
Trade Name If any	
PO Box Bldg Room No If any	i 5 8
Street	
City	
State ZIP Code + 4	
13 b Is the Business an Employer , or Consultant ?	14 b Amount of payment